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CASES IN COUNTRY PRACTICE.—No. IX.

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[Communicated for the Boston Medical and Surgical Journal.—Continued from Vol. LXVII., page 91.]

CASE I.—*Strangulated Inguinal Hernia*.—I was called by Dr. M. C. Hazen, of Haddam, Conn., to visit, in consultation with him, Mr. E. L., a case of old inguinal hernia, which up to this time he had generally been able to reduce himself, or which at any rate (at any previous protrusion) had always yielded to the proper employment of taxis. Strangulation had existed many hours before Dr. Hazen was called, and by the time I saw him his symptoms were alarmingly urgent. He was an old man, I should judge about 70, and his prolonged distress was evidently telling upon him, and could not be much longer endured. It was decided that as the taxis carefully employed by Dr. H. had not succeeded, the patient should be fully etherized, and the operation for the relief of the strangulation be at once undertaken. No attempts at reduction being found of any use, I proceeded to operate. The hernia was a very large one, and having existed many years the rings were nearly in line, making it appear like a direct hernia, although this was not the case. The sac contained quite a quantity of serum, as is usual. The constriction at the neck was exceedingly tight, and the coils of intestine, in consequence, quite black from strangulation. I have since thought that this case might have been operated on externally to the sac, perhaps, and successfully. At the time, however, I felt better satisfied to open it, and to know that all was free. The operation was conducted in the usual way, and presented no unusual difficulties other than those arising from the surroundings of the patient, who was a parsimonious old man, and lived almost like a hermit in one corner of a room in his miserable house. The room, the bed, and the patient were curiosities of dirtiness. A lamp, procured through the kindness of a neighbor, gave a better light for the operation than "tallow dips" (since it unfortunately had to be done at night), but was poor enough at best, and caused me to think how great a convenience, especially to an operator in the country, a good reflecting lamp

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would be, small enough to be really portable, at once compact, easily arranged, and with no parts easily broken. The principle of the "Davy safety lamp," if it could be applied to it, would render the use of sulphuric ether about a patient's bedside at night less hazardous. There was no need of my seeing this patient again, as under the judicious care of Dr. Hazen he made a good recovery, despite all he had undergone, his age, his dirt, and his squalid surroundings.

CASE II.—*Strangulated Femoral Hernia*.—I was called to Leesville, Conn., by Dr. Edmands, to see Mrs. W., a patient of his, with a femoral hernia of long standing, always reducible before this, though sometimes with great difficulty. On this account, as I understand, the attending physician was less alarmed at the failure of his first efforts with taxis. On this occasion the patient's symptoms were such as to render any further delay hazardous. She was in the greatest distress, tossing from side to side, and vomiting, or trying to do so, incessantly. The odor of the matters so evacuated had a fecal character plainly perceptible. I had no confidence in the result of further efforts to reduce the hernia by taxis, since it had failed after patient trial in the hands of Dr. Edmands; yet the patient being fully etherized, I made a few attempts so to do, but failed, as was to be expected. The operation was accordingly resorted to. The line of the primary incision was that advised by Dr. Gay in his work on "Femoral Rupture," well to the *inside* of the tumor, as close to the central line of the pubis as practicable. I think the operation is much facilitated by beginning in this way, instead of making the incision over the apex of the hernia, as is sometimes done. The sac being reached, its contents, when opened, were found to consist largely of omentum, as had been expected. Below this were two coils of intestine, quite black, but not as yet sloughy. The constriction being divided, the whole was returned to the abdomen. This patient made a good recovery. She had an attack of phlegmonous erysipelas in the tissues about the wound, about a week after the operation, which for a time caused some anxiety, the more that the pus discharged from the bottom of the wound was of a greenish-black color, and looked uncomfortably like fecal matter. Moreover, there was a constant bubbling of air in this discharge, which was in reality a gaseous product of decomposition, although at first sight a little alarming. The operation was done in October last, 1865, and when last heard from, in November, the wound was nearly closed, and the patient was well. I never saw so large a *femoral* hernia as this, and should judge that so large a one in that region does not often occur. I should give the dimensions of the sac and its contents, divested of its external coverings, very nearly as follows:—Circumference around long axis, 12 inches; about short axis, 10 inches. This great size was one difficulty to which I would advert in connection with the case; the other was, that the patient being a very stout woman, there was a very thick

cushion of fat to cut through. The extent to which this fat may increase the difficulty of the operation, by necessitating the performance of its final and more delicate steps at the bottom of a cavity rendered very deep by it, has been adverted to by several able operators.

CASE III.—*Abscess above a Hernial Protrusion.*—I was called, in Middletown, to see, in consultation, Capt. J. D., having an inguinal hernia, which had become swollen and tender, and gave a distinct sense of fluctuation to the feel. The attending physician, Dr. R. Baker, of this town, considered it to be a case of an abscess forming in the tissues external to the sac of an old reducible hernia. Such, also, was the opinion of the late Dr. J. Knight, of New Haven, and such it proved to be. Dr. K. advised its being opened in a few days, and accordingly I laid it open in about a week from that time, giving vent to a quantity of pus, of so powerful and villainous a smell that it could be perceived in the air at quite a distance from the house, and clung to clothing most tenaciously. At the consultation, Dr. K. remarked, "that in a similar case" which he remembered, "when the abscess was opened a rush of air took place from it so great as to lead the surgeon to fear he had wounded the intestine." Precisely this occurred in this case, and but for the previous remark of Dr. K., I might have been led to a like misapprehension. This patient made a good recovery, and, moreover, there is good reason to suppose that the subsequent natural reparative processes have effected a *radical cure* of the hernia, as I am informed he is no longer obliged to wear a truss.

CASE IV.—*Inguinal Hernia, with Sloughing of the Scrotum and portions of Neighboring Tissues.*—I was called in consultation, to Cromwell, Conn., by Dr. Hutchinson, of that place, to see a patient of his, Mr. W., an elderly man, who had an old inguinal hernia. The patient himself seemed to fear that it had become strangulated, as a large swelling would still remain in the seat of the hernia after all his efforts at reduction. Dr. H. believed, and it seemed so to me, that the large swelling consisted of two distinct parts—one, the hernial protrusion, which could be reduced, and the other, tumefaction of the scrotum and tissues around the cord in the inguinal canal, from erysipelatous inflammation, which tumefaction would be of course persistent. An examination, made under ether, strengthened us in this view, and the subsequent history of the case confirmed its correctness. Into this history it is not necessary to go in detail. Suffice it to say, that in the course of the case (which was a long one) large portions of the scrotum sloughed away entirely, leaving the testicles bear in their sacs. The same process went on in the tissues around the cord in the inguinal canal. The patient was kept upon the most nutritious and stimulating diet he would bear, with tonics, &c. &c. Locally, disinfecting washes, poultices, and the like, were employed. Finally, thanks to a good constitution,

and, perhaps I may add, constant watching on the part of both nurses and physicians, he recovered. The sloughs all came away, and exuberant granulations appeared everywhere in the track of the opening. In this manner the gap in the scrotum has been closed, and, what is better still, the same result has been obtained in this case as in Case III., viz., a *radical cure of the hernia*.

To these cases I would add a brief glance at two others—both inguinal hernias in adult males—which were strangulated, and to which I was called to operate, but which finally gave way, and were reduced by taxis under ether, although they could not be so reduced until the heads of the patients were placed as low as the floor, the hips remaining upon the edge of the bed. When so placed, reduction was easily effected.

December 20th, 1865.

CLINICAL LECTURES ON AMBLYOPIA AND AMAUROSIS, BY PROF.
A. VON GRAEFE.

[Concluded from page 462.]

CASE VIII.—*Temporal Hemipia, following a Basilar Affection (supposed Periostitis); Dubious Prognosis; Recovery.*

Mrs. Emily B., 36 years of age, presents herself at the clinique on account of an impairment of vision that has lasted only eight days. On examination, there is found in each eye acuteness of vision of only $\frac{1}{2}$, as also an entirely symmetrical defect in each temporal half of the field of vision. All perception of light is lost over the space extending outwards from a line going nearly through the middle of the "blind spot," while over the space between such a line and a vertical one passing through the point of fixation, perception is so imperfect that fingers can be counted only in the immediate vicinity of the latter. On the nasal half of the field, on the contrary, eccentric vision is everywhere normal, even by reduced lamplight. In conformity to this the temporal phosphene is entirely wanting, while the nasal is produced with great ease and distinctness. The ophthalmoscopic examination gives an entirely negative result. As regards the antecedents and the mode of development, the following is obtained: the previous health of the patient had always been good, and no trace of syphilis had ever existed; but several months after her last (seventh) delivery she had been seized with headache of extraordinary severity, and at the same time with diplopia. She had been at the clinique for this half a year before her present visit, and at that time the cause of the diplopia was found to be a paralysis of the right abducens, the functional state of the retina itself seeming to be entirely normal. The cause of the paralysis, as well as of the headache, we supposed to be akin to periostitis (basilar). The headache entirely yielded

at that time to a derivative course of treatment, but the paralysis of the abducens proved excessively obstinate, so that after iodide of potash had been given for several months and electricity tried, a loss of mobility to the extent of more than $1\frac{1}{4}$ " remained almost stationary, and the consequent confusion of vision (contraction of the internus having resulted) had to be relieved by setting back the insertion of the left rectus internus. From that time up to within eight days of the present visit the patient had been perfectly well; the catamenia had, however, failed to appear at the last two periods, and she was then attacked by heavy and violent pains extending over the entire head, as well as by the derangement of vision already referred to, which continued steadily to increase.

No particular result is obtained from a general physical examination. The patient is free from fever, but has a worn look, attributable, no doubt, to the loss of sleep caused by the pains in the head. Neither is anything definite discovered by the exploration of the orbits; each bulbus allows itself to be pressed against the cushion of fat without thereby exhibiting any signs of sensitiveness. On the other hand the skull, particularly on the level of the basis cranii, is exceedingly sensitive to tapping, the most pain being caused when two points, situated opposite each other, are simultaneously tapped.

It is clear that the reason of the present derangement of vision must be located at the basis cranii. No change that could account for the limitation of the field of vision is to be met with in the eye; such cases of temporal hemiopia being in general hardly ever dependent on intra-ocular complication. An orbital cause might certainly exert an influence on the nasal portion of the optic nerve; still, leaving out of account the fact that such a cause must be symmetrical and affect both sides, there exists no sort of basis for such a supposition. On the other hand, the localization of the difficulty at the middle of the basis cranii satisfactorily explains all the symptoms. We know that a cause of disease which has its seat here and acts upon the optic nerves, first affects the fasciculi cruciati, and thus involves the connection with the temporal border of the field of vision. If the action extend equally on the two sides, the temporal limitation of the field of vision will be symmetrical. We never in these cases find the defective portion standing out in such sharp relief against the part that retains its normal functions as in hemiopia on similar sides. This is, *à priori*, comprehensible. When one tractus opticus is paralyzed, perhaps from a loss of cerebral connection, the boundary of the perceptive portion becomes sharply defined, corresponding to the distribution of fibres of this tractus on the retina, and following the example of what occurs in paralysis of the trigeminus, in the median line of the face. If, on the contrary, the two optic tracts feel the influence of a morbid cause having its seat at the middle of the basis cranii—an irritated state, for example, of the connective tissue, proceeding from the periosteum—it would be

hard to understand how the action thereon dependent should expend its full intensity on certain bundles of fibres without to some extent implicating those adjoining. We therefore find under all circumstances in cases of temporal hemiopia, an intermediate region* in the field of vision. The case of the patient now introduced completely harmonizes with this view—the field of vision, as already stated, failing entirely beyond the “blind spot,” while between the “blind spot” and point of fixation a gradual increase of sensitiveness to impressions takes place. The theory of a basilar origin finds further support in the nature of the pains in the head and the increase in them caused by tapping the head in the region of the basis cranii, a symptom which, though wanting in many cases of basilar disease, is certainly not without significance when present. A similar meaning is to be ascribed to the nature of the affection passed through six months ago. Besides intense and general headache, it was characterized by the particular obstinacy of the accompanying paralysis of the abducens. Experience teaches us that the ordinary, so-called rheumatic paralysis of the abducens may be accompanied at the time of its development by local pains in the forehead and temples, but not by general and severe headache; moreover, when once the greater part of the power of motion has been restored, such cases of paralysis generally recover more uniformly and completely than was the case here. Finally, if the location of the difficulty within the cavity of the cranium be once allowed, the theory of a basilar origin receives support from the fact that there is not the slightest reason for supposing it to be in the cerebrum. In spite of the pronounced paralysis, formerly of the abducens and now of the crucial fibres of the optic nerves, there have been neither hemiplegic attacks, mental derangement, nor affections of the head of any kind to indicate a disease of the cerebral substance.

The task of deciding the nature of the basilar cause is much more difficult. The rapid development of the symptoms supervening on a state of perfect health, the extreme severity of the commencing headache, the entire intermission between the two attacks, seem at first sight to indicate an inflammatory condition rather than a new growth. Still, the possibility of the latter must not be entirely excluded. When tumors gradually form at the basis cranii, they may, as such, remain latent, and only betray their presence periodically by taking on a state of irritation. On the other hand, it is the exception for new growths that have once given rise to symptoms of paralysis, to allow a temporary return of an entirely normal condition. As a rule, we have only variations in the symptoms of

* *Uebergangsbezirk*. No analogous terms exist in the English language for many similar expressions. We are here to understand that the portions of the retina respectively destitute of vision, and which retain their normal powers, are not sharply separated from each other by a defined boundary, but slowly merge, the one into the other, over a region which, if the term be literally translated, bears the name of the “district of transition.”—TRANSLATOR.

paralysis, some taking their departure and others making their appearance or persisting. When we are not able to form a definite diagnosis with certainty, and probabilities are evenly balanced, it is without doubt a sound, practical principle to proceed on that theory which seems to open to us the best field for effort. This is preëminently true when the probabilities incline in favor of that theory. Let us then, in the case of our patient, for the present dismiss the idea of a basilar neoplasma, and give our attention to the theory of an inflammatory affection. And this can be well located only in the dura mater. Inflammations of the more delicate cerebral membranes have too great a tendency to diffusion to cause paralytic affections within such narrow limits. Their development is generally rapid, and is accompanied by febrile and general cerebral symptoms, while they pass off in a different manner. The date of the first attack renders it, moreover, possible for us to connect the defined pachymeningitis, which we feel warranted in assuming, with the puerperal state. We possess relatively few anatomical and clinical facts with regard to such defined basilar affections. I have, however, acquired the conviction, in which, too, the results of autopsies have strengthened me, that the most varied forms of basilar paralysis spring from this source. This is particularly applicable to certain forms of recurring paralysis of the muscles of the eye, in fact processes of a periostitic nature are as a rule prone to recur.

Our prognosis cannot be other than doubtful. The difference in this respect between temporal hemiopia and that occurring on similar sides (Case IV.) is very striking. While in the latter the continued action of the same morbid cause does but complete the hemiopia, and never causes blindness of either one or both eyes, it is of course possible for a source of disease situated at the base of the brain to exercise a constantly increasing effect on both optic nerves, overstep the limits of the fasciculi cruciati, and end in absolute obliteration of the field of vision (Case VI.). On the other hand, an entire pause in, or even complete disappearance of, the disease may occur at any stage whatsoever. This would substantially depend on the nature of the morbid cause. Inasmuch as in our case the supposed cause may disappear, and has been so short a time in force that disintegration of the nervous elements is neither to be expected, nor visible on the papilla, recovery is possible. A more exact definition of our prognosis, as regards either the derangement of vision or the subsequent result, must naturally be based on the course of the disease.

The patient was first subjected to a derivative plan of treatment (leeches behind the ears, then dry cupping, drastic pills, derivative foot-baths, later iodide of potash). Under this the headache entirely ceased, but the field of vision remained the same, and its acuteness even became reduced to $\frac{1}{4}$. The general condition, too, excited constantly increasing fears. The urine became considerably increased

in quantity, and marked pallor, loss of flesh and weakness simultaneously presented themselves. The daily amount of urine was from 4000 to 6000 cubic centimetres; its specific gravity varied between 1002 and 1005. The color of the urine was extremely light; it was examined by Dr. Kühne, and proved to contain neither sugar nor inosit. In the morning, thirst became unquenchable. These symptoms having reached their height about four weeks after her admission, and the bodily weight having fallen, without any increase of temperature, to 94 pounds, the dose of iodide of potash was reduced from $\mathfrak{D}i.$ to $\mathfrak{D}ss.$, and liquor ferri chlorati at the same time ordered. A few days after this prescription, but possibly entirely independent of it, a diminution of the thirst and in the quantity of urine showed itself, shortly after which the bodily weight and vision commenced steadily to increase. Seven weeks after her first introduction no defect in the field of vision could be made out; the eccentric vision, however, in the temporal zone, particularly outwards and downwards, was still indistinct; the acuteness of vision amounted to $\frac{3}{4}$; weight 100 pounds; average quantity of urine in the twenty-four hours rather over 2000 cubic centimetres; specific gravity, 1010. Four weeks later the patient was discharged entirely convalescent; weight, 108 pounds; urine normal in amount; field of vision irreproachable, even by diminished light; acuteness of vision more than $\frac{3}{4}$; satisfactory complexion and tone.

I would state, in conclusion, that the patient, who is a resident of this city, has been shown at considerable intervals, and that the last extract from our records, written more than a year after the derangement of vision, bears witness to an entirely normal condition of things. The catamenia, too, reappeared during the progress of the convalescence. The entire and apparently permanent recovery gives, we think, an increased support to our original diagnosis of a local basilar periostitis, although, of course, the obscurity of these regions leaves ample room for doubt. I was particularly interested in this case, partly on account of the entire disappearance of so marked a hemiopia, partly because the urine, in spite of its increase in quantity, contained neither sugar nor inosit. As regards the first, my experience permits me to recal but few such fortunate results; the coincidence with intra-cranial processes of an increase in the quantity of urine has been, it is true, considerably studied; but, as far as I am aware, not yet recorded in connection with such a group of symptoms as the present.

THE mortality of Baltimore for the year ending Dec. 26th, reached 4,695, a decrease of 873 from the previous year. Consumption carried off 931, and diphtheria 109; 27 were between 90 and 100 years, and six were above 100 years.

CLINICAL STUDY OF THE PRESENT EPIDEMIC OF ASIATIC CHOLERA.

(Concluded from page 455.)

THE least inefficacious treatment, in my opinion, during the cold stage, still consists in the employment of diffusible stimulants within and without. Alcoholic preparations have a visibly useful action in the mild cases, the only ones, unfortunately, which yield to medication. Instead of adopting an exclusive formula, I am in the habit of varying the form of the stimulants in order to avoid the disgust which any single article quickly excites in the sick if employed continuously. The nurse charged with this duty has at her disposal various tinctures of which the dose only is directed beforehand. We succeed thus in obtaining more docility on the part of the patients, as they are not wearied by the constant use of one remedy. Excitants of another kind—acetate of ammonia, &c.—appear to me inferior to alcoholic tinctures. At the same time the use of these is attended with an inconvenience which I would mention incidentally. They act upon the back of the throat like caustic irritants, and at the period of reaction the patients complain of a sore throat, which is quite painful. The tongue becomes dry, the lips are dark colored, the sputa bloody, and if not understood these unimportant symptoms may be unfavorably interpreted.

Externally, I prefer the essential oil of turpentine to blisters or even sinapisms. This oil, in the proportion of a teaspoonful poured over a large linseed poultice or one made of bread crumb, is the most rapid, the most sure and the most thoroughly active of rubefacients.

Frictions and flagellation are employed with difficulty in a hospital; and even elsewhere I have not seen that they act more energetically than irritating applications.

I have not employed either emetics or purgatives in the most severe forms, not being encouraged either by my own observations or by the results obtained by other physicians in previous epidemics. A certain number of desperate cases recover, but I know of no signs to which we can trust as a prognostication of the possibility of a cure in a disease in which the changes are so frequent. How can we count upon a prognostic when death itself is most often not announced by any precursory sign, the patient dying suddenly, it may be the moment after he has been left, without spasms, without convulsions, without the death-rattle!

Autopsies, it can be easily understood, can be made only in haste. The lesions of the small intestines, so often described, are never wanting. The ileo-cæcal valve is tumefied, infiltrated, vascular; the small intestine, for a distance of from sixty centimetres to a metre [about twenty-four to forty inches], or thereabouts, is infiltrated in the same way. The glands of Peyer are flattened, wrinkled, blood-

less, looking as if they had been macerated in an astringent liquid; the isolated glands are varioliform, slightly prominent, and stand off like white grains on the reddish back-ground of the intestine. In two patients whose evacuations were like wine lees, the small intestine was of a violet-red, very finely arborescent. The mucous membrane, of an unusual thickness, was velvety under the finger. In some cases we find small ulcerations by drawing the finger-nail across, greyish at the bottom, scattered at random. The large intestine has no characteristic lesion.

This constant alteration of the lower part of the small intestine is certainly one of the most significant facts of this disease. It is not without interest to see an affection profoundly septic like the cholera, unlike other maladies of the same order, exempt from cutaneous manifestations, declaring itself by an intestinal eruption in the same situation as that occupied by the lesions of typhoid fever. The state of the small intestine explains the sensations which we perceive on pressure over the right iliac fossa; the slight pain, but more marked at this point than any other during the first hours, and so long as the patient retains any sensibility; the crepitating gurgling, the flaccidity of the belly, which does not become tympanitic until the normal functions of the intestine tend to be reëstablished.

The examination of the other organs has afforded me nothing which seems to be worthy of special mention.

When death does not take place during the cold stage, the disease enters upon a new phase which is usually known as the period of reaction. The warmth returns shortly or with marked rapidity. The pulse rises without the respiration becoming less anxious, the face is less cadaveric, the tongue grows warm generally less promptly; the vomiting has usually ceased some time before, but the diarrhea continues more or less abundant and sometimes hardly changed.

The second stage has neither less gravity nor less importance than the first; but as it is attended with less urgent symptoms it allows a more particular study. The symptoms have no longer the desolating uniformity of the cold period, but how many unfavorable chances there yet remain!

The true reaction, which leads straight to recovery, occurs gradually without any abrupt changes; everything improves at once: the patient feels himself better, the stools are less frequent and are of different character. Twenty-four hours are enough in favorable cases to ensure convalescence. I do not hesitate under these conditions, unfortunately exceptional, to increase the amount of food taken. The appetite revives and the digestion is restored; solid food seems to me preferable to any liquid nourishment. Before each meal I make the patient take a teaspoonful of wine of cinchona with laudanum, and a little coffee after.

The incomplete, irregular reaction is almost the rule. It ap-

pears in two ways: either the chill persists in a less degree, increasing at intervals, or the skin becomes excessively hot. All the cyanosed spots become colored, the conjunctivæ are injected, the face is animated, the respiration is more laborious, the chest is expanded with effort, the pulse remains slow, at 60, or perhaps higher; but rarely, very rarely does it rise to the standard of the pulse of great fevers. I have never found it above 90.

But it is neither to the respiration, nor the heat of the skin, nor the evacuations that the physician should direct his attention. All the danger is in the cerebral accidents which are developed under a form which we do not find in any other disease. To describe the condition of a cholera patient at this time under the name of typhoid, is to employ a term more justified by appearances than by the reality.

Delirium begins sometimes at the commencement of the cold period, but oftener it does not declare itself until after the first twenty-four hours. The delirious patients present a striking contrast with their neighbors equally affected, but retaining the integrity of their reason. The first delirious manifestations consist in the refusal to submit to treatment. This is a bad symptom.

They speak in broken words, without order or connection, but they answer questions if they are put with some persistence, and immediately relapse into their drowsy condition. By degrees the delirium becomes more violent. The patients throw themselves about, they rise up, jump out of bed, run half naked through the ward, with wild eyes, but having no definite object in view nor making any violent resistance when forced to return to their beds. This excitement alternates with a comatose stupor, during which the half-open lids and the eyes invariably convulsed give to the physiognomy a fearful aspect.

The extremities are more or less agitated with convulsive spasms without plucking at the bed clothes, particularly the upper ones. The face remains unmoved.

During all this time, and this is one of the peculiarities of the delirious reaction, the circulation preserves its rhythm; the pulse, which one would expect to find rapid and vibrating, is soft and generally slow, the impulse of the heart feeble. In many cases the first sound alone can be perceived by the ear, the second being completely inaudible. We know that in typhoid fevers attended by great prostration it is, on the contrary, the first sound which is muffled, while the second has a vibrating character. The anxiety of the respiration does not depend on pulmonary congestion; auscultation reveals a respiratory murmur, full but not deep, without any rales anywhere. It is the embarrassment which accompanies cerebral lesions of a subacute character. In children, in whom cerebral lesions have less diversity than in the adult, one would

think he was dealing with a meningitis rather than a typhoid fever with predominance of cerebral symptoms.

The tongue is generally dry, but is sometimes moist, in which case it is always cold.

Death too often, but not always, at the end of many hours or days, puts an end to this sad scene. It is sudden, without precursory symptoms, or it is announced by a gradual coldness against which all stimulants are unavailing; by this time the restlessness has been succeeded by a continuous coma.

I have heard the event attributed to the insufficiency of the reaction; in the cases which I have seen it was not the debility but the disorder of the nervous system which was most marked. The aged and adults, already excessively enfeebled, were almost the only ones who seemed to succumb to the excess of debility; and yet, in looking at these more closely, cerebral disorders could be discovered under their apparent passivity.

The treatment of the period of reaction is delicate and full of uncertainty like the disease itself. The bloody discharges have not seemed to me to moderate the excitement, nor have they on the other hand increased the debility. Stimulants are not in place, cutaneous derivatives are without appreciable influence. Opium, so generally efficacious in the delirious conditions which accompany eruptive fevers, is of no avail. It is not suddenly, after a night of sleep, for example, that the excitement subsides, but it is by a diminution almost insensible. Each case requires its own treatment, so to speak. I have, like all other physicians, tried many remedies, without finding one of them which has seemed to me sufficiently favorable in its results to deserve general use.

To say that the treatment should conform to the indications, is not to admit that it is powerless. I am thoroughly convinced that I have been able to contribute to recovery, sometimes by one means, sometimes by another.

Affusions, turpentine internally, even in large doses, musk much more rarely, a diet almost rash, repeated purgatives in spite of the persistent diarrhoea, have been attended with good results.

One may see by the sketch which I have drawn how little the present epidemic differs from those which have preceded it; the same succession of symptoms, the same lesions, the same terribly discouraging mortality. Not only has the cholera which reigns at Paris no characters peculiar to itself, but wherever it reigns it presents the same monotonous symptoms. * * * * *

To these purely clinical data I will add but a word on the extrinsic conditions which have seemed to me to favor in Paris the development of the disease. Among the patients in the hospital Necker two or three only, up to the present time, have been taken with cholera in the wards where they were under treatment for other affections. Of two men whom I have had to treat, the one was affect-

ed with a mild typhoid fever, who recovered; the other had been for many months subject to a profuse, serous diarrhoea, combined with an organic affection of the liver, the spleen, and accompanied by an enormous ascites. I know that, in other hospitals, the patients have not enjoyed the same immunity, although special services were assigned to cholera patients.

Outside of the hospital I have been able to determine the existence, already remarkable, of epidemic foci. A single lodging house of Plaisance, a faubourg recently annexed to the city, has given us five patients. Often the husband, wife and children have been simultaneously attacked. It has seemed to me that cholera, thus contracted, had an intensity of more than usual power.

In the female wards, under the charge of my friend Dr. Boullay, experience has sadly confirmed the law, already most unequivocal, that not only is pregnancy a fearful complication, but that it seems to predispose to the attack of the disease.

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BOSTON: THURSDAY, JANUARY 11, 1866.

A QUESTION WHICH SHOULD BE SETTLED.—It is a fact of common notoriety that there exists at the present time, and has existed for some years in this city, an institution professing to supply a medical education to its pupils, which makes frequent and urgent calls upon the munificence of a community whose free-giving is inexhaustible in a good cause; which appeals to the sympathies of the most enlightened class; which professes to occupy a position in advance of all our medical institutions; which has acquired the power and means sufficient to organize what purports to be a hospital with peculiar claims upon the benevolent, the government of which has succeeded in prevailing upon some of our most eminent practitioners to lend it the sanction of their names and influence as consulting officers—and yet this institution, by any fair interpretation of the by-laws of the Massachusetts Medical Society, is no better than a school of irregular practitioners. We refer, of course, to the Female Medical School, and its associate hospital.

It is no new thing for the minds of the members of the medical profession here to be profoundly exercised by this state of things. Nothing but the high standing of the gentlemen who have been willing to sanction it in the method we have mentioned, could have prevented such a connection being presented to the Massachusetts Medical Society long before this for their consideration. We would not for a moment be suspected of believing that these gentlemen, in acting as they have, have been actuated by any other than the most unselfish and disinterested motives. Indeed, we are assured that some, if not all of them believe that in so doing they were helping to break down what they consider an unfounded prejudice in the minds of physicians and the community

at large against female physicians, in aiding by their professional advice to carry out the purposes of institutions which they considered as of a peculiarly benevolent character. But the question is not merely one of duty to the community ; these gentlemen owe allegiance also to the Massachusetts Medical Society, whose by-laws not a few of its fellows believe they are persistently breaking. Now this is a most unfortunate and unhappy state of affairs. It leads to misinterpretation of motives, heartburnings and discontent among a large number of the Fellows, who perhaps, from these very circumstances, do not render full justice to the institutions of which we are speaking. As we have said, the question concerning them is still unsettled, and it should no longer be left open, in justice to all the parties interested.

What is the common feeling of the medical profession of Massachusetts with regard to these institutions ? We can honestly say that it is the rare exception, so far as our experience goes, to hear any other feeling expressed by them than that of unkindness, or bitterness even, if not of contempt or suspicion of the basest motives and practices. This certainly ought not to be while gentlemen such as we have referred to associate their names with one or the other of them. It is time the medical community knew certainly whether such allegations and suspicions are undeserved or not ; whether the institutions which claim so much make good their word of promise, and are therefore deserving of holding not only a less equivocal but a specially honored place among our schools of education and houses of charity. Let us look for a moment at their technical status as measured by the by-laws of the Massachusetts Medical Society. The first by-law of that Society reads :—

“ Any person may be admitted a member of the Massachusetts Medical Society, who shall have passed a satisfactory examination before a Board of Censors, as to his credentials, personal and medical qualifications, and character, and shall have signed the by-laws.

“ The candidate shall be a person of sound mind, and of good moral character ; shall be not less than twenty-one years of age ; shall have such an acquaintance with the Latin language as is necessary for a good medical and surgical education ; and shall have acquired the principles of geometry and experimental philosophy.* He shall have studied three full years under the direction, and shall have attended the practice, of some respectable physician or physicians. He shall have attended two full courses of lectures on anatomy, physiology, chemistry, materia medica, midwifery, and the theory and practice of medicine and surgery.”

The eighth by-law reads :—

“ Any person engaged in the practice of medicine or surgery in this Commonwealth, who has not received such a medical education as is required by By-law I., and any one who shall be guilty of practices forbidden to Fellows, shall be deemed an irregular practitioner ; and

* It is understood that he shall be able to translate the select Orations of Cicero, the *Æneid* of Virgil, or the medical writings of Celsus, and the formulæ of the Pharmacopœia of the United States ; and that he have a knowledge of Euclid's, Pierce's or Loomis's Elements of Geometry ; also of Golding Bird's or Olmstead's Natural Philosophy, or the Cambridge Course of Physics.

If the candidate be a graduate of any college, the examination in these branches may be dispensed with.

it shall be disreputable for any Fellow to advise or consult with any such irregular practitioner, or in any way to abet or assist him as a practitioner of medicine or surgery."

The Italics above are ours, and they clearly settle to our minds the position of the Female Medical School and the Female Hospital; they unquestionably do not come within the recognition of the Society in these laws, and are therefore by a fair interpretation ruled out from the professional sympathy and coöperation of its members. We are not speaking of the justice or the wisdom of this, but simply of the fact. We believe this to be the common opinion of the medical profession upon this subject; and it is certainly time that they should be relieved of the load of odium which invariably attaches itself to all connected with them until the Massachusetts Medical Society shall have considered the question of their right to the position which they claim to hold. That such a decision is important to the reputation of the gentlemen we have referred to, is evident from the remark which has been made in our hearing, that their published connection with them was a most patent advertisement; and that this connection gives a certain authority to their writings, when they append the title which it gives to their names, is certain, for we have ourselves seen an article thus heralded copied into a foreign medical journal, with the comment that the connection of the author with the Female Hospital in Boston gave special authority to the opinions and statements contained in the article in question!

Thus, then, the matter stands. As we have said, we do not propose now to discuss the merits or demerits of the institutions in question; that is an entirely different issue. The Massachusetts Medical Society should authoritatively say whether the Female Medical College is worthy of being classed with those contemplated in its by-laws or not. If it is, and if it is the pioneer of a great advance in medical education, let it be authoritatively known that such is the case, and it will receive all the honor due such a position. If, on examination, the reverse is found to be true, we feel assured that no one would be more ready than the gentlemen who have anticipated its action to withdraw from the association which they have formed.

WE learn from the *Union Médicale* that at the session of the Imperial Academy of Medicine, held on the 5th of December, Dr. Villemin, associate professor at Val-de-Grace, read a paper on some experiments in inoculating rabbits with tuberculous matter from the human subject. The author sums up his researches with the following conclusions:—

Pulmonary phthisis, like tuberculous diseases in general, is a specific affection.

Its cause resides in an inoculable agent.

Inoculation is effected very readily from man upon the rabbit.

Tuberculosis belongs, then, to the class of virulent diseases, and should take a place in nosology by the side of syphilis, but perhaps nearer to glanders and farcy.

In a subsequent number of the *Union* we read that M. Villemin, in his experiments, took softened tubercular matter from the human subject twenty-four or thirty-six hours after death, and inserted it be-

neath the skin of the rabbit by the side of the ear, and found, six weeks or two months after, on killing the animal, tubercles visible to the naked eye in the lungs, the mesentery, the intestine, &c.

The experiments were repeated a great many times. Half of the rabbits of a single litter were taken and inoculated and placed under precisely the same conditions as the other uninoculated half. The conditions were varied in different experiments; sometimes they were kept in confinement, sometimes they were allowed to run at liberty, &c. Invariably the inoculated animals became tuberculous within two months, while those which had not been inoculated escaped the disease.

DR. LIEBREICH.—The vivacious and usually accurate Paris correspondent of the *Saturday Evening Gazette* refers, in the letter of this week, to the large *clientelle* which has accrued to the well-known ophthalmologist, Dr. Richard Liebreich (formerly of Berlin), since his removal to Paris. "Spiridion" appears inclined to attribute his success to the fact of its being the prevailing fashion among the French to employ foreign physicians in preference to their fellow-countrymen, and refers sarcastically and at some length to Dr. Liebreich's supposed imperfect acquaintance with the French language. He also makes a serious misstatement with regard to his recently published atlas of ophthalmoscopic plates.

We are informed by our friend Dr. H. Derby, a former pupil of Liebreich, that he attended last summer two clinical lectures, delivered by this gentleman to a class of French students. He evinced a remarkable knowledge of the language, and spoke with the utmost readiness and accuracy. With reference to the atlas of plates, Dr. Derby informs us that the separate illustrations were drawn and colored from nature by Dr. Liebreich himself, who subsequently personally supervised the process of lithographing. The entire work was ten years in completion, and, while it places its author in the front rank of ophthalmoscopic observers, is in itself more comprehensive as well as true to nature than any similar work in existence.

Dr. Liebreich owes his great and well-deserved success as well to his brilliant talents as his unwearied industry. It is a severe and well-merited lesson to the Parisian school which has so obstinately striven against the recognition of specialties in medicine, and has been so slow to accept that overwhelming portion of modern ophthalmology of which it could not claim the origination.

PERCHLORURE DE FER IN CANCEROUS DISEASE.—M. Bitot considers the perchlorure de fer a specific in cancerous affections, comparing its action to that of iodine in scrofula; and suggests that it should be employed both externally and internally, in order to affect the diathesis as well as the local disease.—*Gazette Médicale*, of Montreal.

TREATMENT OF ASIATIC CHOLERA.—Perhaps the most remarkable form of treatment which has been employed in past epidemics of cholera, and reported as being successful, is the strychnia and oleum terebinthine treatment, a report of which may be found in the *Transactions*

of the American Medical Association, vol. v., page 441, being part of the Report on the Epidemics of Ohio, Indiana and Michigan, by Dr. G. Mendenhall. The treatment was practised in 1850, in the Commercial Hospital, Cincinnati.

I read from the report referred to:—"The following prescription was first tried (in the Commercial Hospital) by Dr. Howes, one of the resident physicians, under whose administration it was continued by the consent and advice of Prof. Edwards, the attending physician at the time, both of them concurring in its propriety. *R.* Strychniæ, gr. ss.; ol. terebinth., f3ij.; mucil. acaciæ, f3viii. *M.* Dose—one tablespoonful, to be repeated every half hour, until the discharges ceased and perfect reaction occurred. In some of the worst cases, the dose was repeated every fifteen minutes. In one case, the amount named in the above prescription was renewed seven times (equal to 3½ grains of strychnia) and given in the course of forty-eight hours. In one case only were the poisonous effects of the strychnia observed; in this case, Ojss. of the mixture (equal to 1½ grains of strychnia) was administered in the course of sixteen hours, and quite severe tetanic spasms were produced, which were, however, relieved in a short time by chloroform inhalations, and the patient recovered.

"The number of cases of cholera treated in the hospital during the year was fifty-seven. Seventeen of these were submitted to a treatment consisting mainly of the exhibition of calomel, camphor, morphia, &c. The conditions and results were as follows:—

In collapse (pulseless at the wrist),	8;	recovered,	0
In approaching collapse,	8;	"	3
In early stage,	1;	"	1
	—		—
	17;	"	4

"Forty cases were submitted to what is called 'strychnia treatment'; the condition and results were as follows:—

In collapse (pulseless at the wrist),	12;	recovered,	2
In approaching collapse,	20;	"	18
In early stage,	8;	"	8
	—		—
	40;	"	28

"Six of the fatal cases reacted perfectly under the strychnia and turpentine, and died of consecutive fever."

In fairness to the "strychnia treatment" I have to state, that all of the accounts that I have met with in regard to it in the hands of other physicians than those of the Commercial Hospital, do not sustain its utility.—*Medical and Surgical Reporter.*

STATISTICS OF MASSACHUSETTS STATE CHARITIES, &c.—*State Industrial School for Girls.*—The Trustees of this institution speak highly of its success and usefulness. The expenditures for the year amounted to \$17,378. There is a balance due the Treasurer of \$2,319. The report of Marcus Ames, Superintendent and Chaplain, presents the annexed statistics:—

No. present in the institution Oct. 1, 1864	-	-	144
received during the year	-	-	54
returned from indentures	-	-	17

returned from hospital	-	-	-	-	-	3
returned on visit, having no other home	-	-	-	-	-	4
indentured during the year	-	-	-	-	-	34
returned to friends, or placed at service, time having expired	-	-	-	-	-	17
discharged as unsuitable, from ill health, incapacity, &c.	-	-	-	-	-	16
discharged to parents, or sent to good homes,	-	-	-	-	-	19
sent to hospital	-	-	-	-	-	3
now present in the institution	-	-	-	-	-	132

Lunatic Hospital at Taunton.—The report of the Trustees says no new or very striking phase of hospital life has presented itself the past year; the usual and almost monotonous routine of duty has been pursued as in former years. There have been under treatment during the year 560 patients, of which number 107 were new admissions; 181 have been discharged, many of whom have been restored to reason, and have returned to their families and friends in a condition to resume their accustomed duties, and to fill their places in society and in the world. Others have left the institution in a much improved condition; and 80, many of them old and incurable cases, have, at the request of the State Board of Charities, been discharged to them, and by them removed to other and kindred institutions, whose halls were less crowded, or sent beyond the limits of the State, in cases where they had no claim upon the bounties of her charities; and 32 have died. The number remaining in the hospital on the 30th of September was 343.

Dr. George C. S. Choate, the Superintendent, in his report, says the number of admissions during the past four years has averaged twenty per cent. less than during the year immediately preceding the rebellion, and has been decidedly smaller than during any year since 1856. This falling off is attributed to the war.

Lunatic Hospital at Northampton.—The tenth annual report of the Trustees represents the affairs of this institution as in a very satisfactory condition. The new superintendent performs his duties in a manner receiving their cordial approbation. Notwithstanding the discouragements of the earlier part of the year, its close has been reached without financial embarrassment; and the prospect now is that the hospital will be able to meet its current expenses for the ensuing year without special appropriations. Various improvements have been made in the internal arrangements of the buildings. Complaint is made of the large number of incurables sent from other State hospitals. The total receipts for the year were \$85,178, and the expenditures the same, less \$658 in the treasury.

The whole number received during the year was 134; whole number treated, 468; discharged, including deaths, 116; remaining Sept. 30, 1865, 352. Of the patients discharged, 33 had recovered, 27 were improved, and 15 were unimproved. The deaths numbered 41.

Massachusetts State Reform School.—The Trustees of the Massachusetts State Reform School at Westboro', make their nineteenth annual report. They state that the number of boys in the institution during the past year ending Sept. 30th, 1865, has been 325. Of these, 241 have been congregated in the main building, 30 in the garden house, 30 in the farm house, and 24 in the Peters house. These separate

families have all schools suited to the boys comprising them, who do nearly all the work of the establishment, besides seating cane chairs and making their own shoes and clothes. Their employment otherwise is gardening and farming. The boys are under no more restraint than they would be in any ordinary boarding-school, each community being in all respects conducted as a family.

The Trustees recommend that an appropriation of fifty thousand dollars be made during the coming winter, on the condition that a like sum be raised by private subscription, for the purpose of establishing ten new family houses similar to those now in existence at Westboro'. That number of houses would speedily be filled, and it is believed that the sum named could easily be obtained from private individuals in aid of the object.

The Superintendent reports the health of the boys as generally good during the year. There were six deaths within that period—three of dysentery, one of consumption, one from the inhalation of chloroform in treating an accident, and one from hæmoptysis.

The receipts of the institution, from all sources, during the year, were \$67,929.21, and the expenditures \$58,305.50.

Nautical Branch.—The Trustees of the Nautical Branch of the State Reform School make their Sixth Annual Report, and say the system has justified the hopes of its founders, in proof of which they quote very interesting facts. It appears that there were 163 boys in the School on October 1, 1864, and on the 30th September last, the number was 165—the admissions being three more than the discharges. The average age was about 15 years. The average time spent by each boy in the institution was nine and one third months. The nationalities were, natives 137, foreigners 35. No death occurred during the year. The library has been largely increased. Religious services have been regular. The conduct and improvement of boys in school has been good.

Almshouse at Tewksbury.—The Twelfth Annual Report of the Inspectors represents the schools of the institution as in most excellent condition. The number of children in them May 1, was 152. The whole number in the institution was 154.

The health of the inmates for the year has been good. No epidemic has prevailed.

Thomas J. Marsh, the Superintendent, gives the following statistics in regard to the inmates:—

Number at the commencement of the year, 648; admitted during the year, 1650; discharged, 1661; supported, 2298; births, 57; deaths, 192; present number, 637.

The cost of the institution for the year was \$64,076; the average weekly outlay for each inmate was \$1.68½.

Almshouse at Bridgewater.—By the reports of the Inspectors it appears that the number of inmates in the institution Sept. 30, 1864, was 482; admitted during the year, 1393; discharged during the year, 1231; deaths during the year, 165; births during the year, 52; sick now in the hospitals, 127; number of children removed to Monson, about 60; number of children now in almshouse, 128.

From the Report of the Superintendent it appears that the current expenses for the year were \$44,851. The average cost of supporting the inmates was \$1.30 per week.

Dr. Samuel Young, the physician, gives an interesting summary of the matters pertaining to his department. Of the 165 deaths during the year, 20 were from consumption, 13 from marasmus, 8 from paralysis, 7 from cancer, 3 from hernia, and 16 from old age. Twenty-one died who had passed their three score years and ten; of these, seven had passed their four score years; of these, three had passed their ninetieth year, and one lived to the extraordinary age of 97 years.

Almshouse at Monson.—The following statistics are given:—The number of inmates Sept. 30th, 1864, was 620; admitted and born during the year, 803; discharged, indentured, deserted and died, 882; remaining Sept. 30, 1865, 541; average number supported through the year, 605; increase over the average number supported last year, 48. Cost per week of maintaining each inmate, \$1.07 $\frac{2}{3}$. Of the 541 inmates now in the institution, 401 are children under 15 years of age. The record of mortality was larger than it was last year. In violation of a law enacted by the Legislature last winter, persons are still sent to the almshouse in a dying condition. In the month of September four such were received, all of whom died within forty-eight hours after admission. The number admitted to the hospital during the year was 811; discharged, 712; deaths, 29; births, 30, of whom 18 were illegitimate.

We would call the attention of our readers to the advertisement of our friend Dr. W. H. Prince, on the last page of the JOURNAL, as worthy of their special consideration. We have known Dr. Prince for many years, and can assure them that any patients confided to his care will find themselves in charge of a gentleman in the highest sense of the word. His house is in a beautiful situation, and supplied with everything which could be desired for the well-being, comfort and privacy of his patients.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JANUARY 6th, 1866.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	36	31	67
Ave. mortality of corresponding weeks for ten years, 1853—1863	40.8	38.9	78.7
Average corrected to increased population	00	00	85.75
Death of persons above 90		0	0

MARRIED.—In this city, 3d inst., Edward G. Loring, M.D., to Miss Chevalita Jarves.—In New Orleans, Dec. 30, J. T. Paine, M.D., of Charlestown, Mass., to Miss Rosa Lewis, of New Orleans.

DIED.—At Melrose, 1st inst., Dr. George S. Macomber, 46.

DEATHS IN BOSTON for the week ending Saturday noon, January 6th, 67. Males, 36—Females 31. Accident, 1—apoplexy, 1—congestion of the brain, 1—disease of the brain, 1—bronchitis, 5—cancer, 1—chlorosis, 1—consumption, 14—convulsions, 2—cyanosis, 1—debility, 1—diarrhoea, 1—diphtheria, 1—dropsy, 1—erysipelas, 1—scarlet fever, 1—haemorrhage, 1—disease of the heart, 3—infantile disease, 2—disease of the kidneys, 1—inflammation of the lungs, 6—marasmus, 1—measles, 1—old age, 3—premature birth, 3—puerperal disease, 1—scrofula, 1—smallpox, 2—unknown, 8.

Under 5 years of age, 23—between 5 and 20 years, 9—between 20 and 40 years, 17—between 40 and 60 years, 10—above 60 years, 8. Born in the United States, 47—Ireland, 15—other places, 5.